

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
DIVISION DOCUMENT REVISION NOTICE**

The Arizona Department of Health Services/Division of Behavioral Health Services has revised the below referenced document(s), indicated by **BOLD** print and the symbol **[X]**. The attached memorandum includes a detailed description of the changes impacting the selected document(s). Please direct any questions regarding this Division document revision notice to Johnna Malici at (602) 364-4652 or via electronic mail at [malicij@azdhs.gov](mailto:malicij@azdhs.gov).

<b>DIVISION DOCUMENT</b>	ADHS/DBHS PROVIDER MANUAL	ADHS/DBHS POLICY AND PROCEDURES MANUAL	ADHS/DBHS PROGRAM SUPPORT PROCEDURES MANUAL	<b>ADHS/DBHS COVERED BEHAVIORAL HEALTH SERVICES GUIDE</b>
<b>REVISION [X]</b>				<b>[X]</b>
<b>DIVISION DOCUMENT</b>	CLIENT INFORMATION SYSTEM (CIS) FILE LAYOUT AND SPECIFICATIONS MANUAL	OFFICE OF GRIEVANCE AND APPEALS DATABASE MANUAL	ADHS ACCOUNTING AND AUDITING PROCEDURES MANUAL	FINANCIAL REPORTING GUIDE FOR REGIONAL BEHAVIORAL HEALTH AUTHORITIES
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS QUALITY MANAGEMENT/UTILIZATION MANAGEMENT PLAN	ADHS/DBHS PREVENTION FRAMEWORK FOR BEHAVIORAL HEALTH	AHCCCS MEDICAL POLICY MANUAL-CHAPTERS 900 AND 1000	ADHS/DBHS STRATEGIC PLAN
<b>REVISION [X]</b>				
<b>DIVISION DOCUMENT</b>	ADHS/DBHS CULTURAL COMPETENCE PLAN	ADHS/DBHS CLINICAL GUIDANCE DOCUMENTS	TITLE XIX CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN	
<b>REVISION [X]</b>				

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Memorandum**

**Date:** October 15, 2004  
**To:** Stakeholders  
**From:** Johnna Malici, Policy Office Manager  
**Re:** Changes to the ADHS/DBHS Covered Behavioral Health Services Guide

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The following is a summary of the revisions to the ADHS/DBHS Covered Behavioral Health Services Guide, Version 5.3, which will become effective and posted to the ADHS/DBHS website on or around October 15, 2004.

General:

1. Per House Bill 2206, change all references to “certified” behavioral health professionals to “licensed” behavioral health professionals (e.g., Licensed Clinical Social Worker).
2. Per House Bill 2206, amend Licensed Independent Social Worker to Licensed Clinical Social Worker (provider type 85).
3. Add provider type A4 (Licensed Independent Substance Abuse Counselor) to the following service codes: H0002, H0004, H0025, H0034, H2025, S5110, T1016.

REPLACE PAGES 12, 16, 25-27, 32-33, 39-40, 43-48, 74, 79-80

Section I. D. 2. Enrollment:

1. Remove reference to Appendix B-1, Pseudo Identification Numbers, and replace with Provider Manual Attachment 6.1.1, Pseudo Identification Numbers.

REPLACE PAGE 9

Section I. F. 2. a. AHCCCS Provider Billing Types:

1. Add provider type A4, Licensed Independent Substance Abuse Counselor to AHCCCS billing provider types.

REPLACE PAGE 16

Section I. F. 6. Diagnosis Codes:

1. Specify allowable ICD-9 primary and admitting diagnosis code range (290.00 to 316.99) for encounters/claims for revenue codes submitted by inpatient providers (02, 71, 78, B1, B2, B3, B5, B6).

REPLACE PAGES 19-22

Section I. F. 7. a. General Core Billing Limitations:

1. Add the following definition of supervision to item 5: Supervision means direction or oversight of behavioral health services provided by a qualified individual in order to enhance therapeutic competence and clinical insight and to ensure client welfare by guiding, evaluating, and advising how services are provided.
2. Per 42 CFR 440.167, add requirement that parents may only provide personal care services to adult children (21 years and older) if the parent is not the person's legal guardian.
3. Add provision that parents who are certified Habilitation providers may only encounter/bill for applicable covered behavioral health services delivered to their adult children who are 21 years or older.

REPLACE PAGES 20-24

Section II. A. 2. Assessment, Evaluation and Screening Services:

1. Effective 7/1/2004, add the following service code: H0001, Alcohol and/or drug assessment.

REPLACE PAGES 32-34 and APPENDIX B-2

Section II. D. 1. Case Management:

1. Amend description of case management service codes 99361 and 99362 to indicate that a physician delivers the service.

REPLACE PAGE 73

Section II. D. 2. Personal Care Services:

1. Remove the following places of service from service code T1019, Personal Care Services (Not for Inpatient or Residential Care Facilities): 11 (Office), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 71 (State or Local Public Health Center), 72 (Rural Health Clinic).

REPLACE PAGES 77-78

Section II. D. 5. Therapeutic Foster Care Services:

1. Add reference to legal citation (R9-20-1501 *et seq.*) to stated qualifications for OBHL licensed Adult Therapeutic Foster Homes.
2. Add billing limitation that Therapeutic Foster Care Services cannot be encountered/billed on the same day as service code S5151, Unskilled respite care, not hospice; per diem.

REPLACE PAGE 84, 86 AND APPENDIX B-5

Section II. D. 9. Non-Medically Necessary Covered Services (Flex Fund Services):

1. Amend billing limitation to reflect that \$1,525 in flex funds are available per individual per calendar year, rather than per individual/family per calendar year.

REPLACE PAGE 96

Section II. D. 10. Transportation:

1. Effective 7/1/2004, add service codes T2049 and T2049 TN, Non-emergency transportation; stretcher van, mileage; per mile. These services were previously reported using service codes S0209 and S0209 TN, Wheelchair van mileage, per mile. Effective January 1, 2005, service code S0209 is no longer valid for stretcher van transports.
2. Add service code A0425, Ground mileage, per statute mile.

REPLACE PAGES 104-106 and APPENDIX B-2

Section II. E. 1. Crisis Intervention Services (Mobile):

1. Remove provider type 02 (Hospital) from the following service codes: H2011, Crisis Intervention Service, and H2011 HT, Crisis Intervention Service – via two-person team.

REPLACE PAGES 110-111

Appendix B-1, Pseudo Identification Numbers:

1. Remove Appendix B-1. The information formerly contained in this appendix is available in Provider Manual Attachment 6.1.1, Pseudo Identification Numbers.

REMOVE APPENDIX B-1

Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix:

1. Appendix B-2 updated to reflect the new AHCCCS/ADHS/DBHS fee-for-service rate for service code H0019, Behavioral Health, Long-Term Residential Services (non-medical, non-acute), without room and board (Level III). The new rate of \$137 per day is effective for dates of service on or after October 1, 2004.
2. Effective 10/1/2004, add Provider types 18 (Physician Assistant) and 19 (Nurse Practitioner) to the following service codes: 99220, 99223, 99233, 99236, 99239, 99251 – 99254, 99261 – 99262, 99271 – 99275, 99285, 99345, and 99350.
3. Effective 10/1/2004, add provider type 18 (Physician Assistant) to the following service codes: 99245, 99255, and 99263.
4. Remove provider type 02 (Level I Hospital) from service code T1019, Personal Care Services (Not for Inpatient or Residential Care Facilities).
5. Remove place of service 23 (Emergency Room – Hospital) from service code H0038, Self-Help/Peer Services.
6. Amend description of service code 99361 to include client not present.
7. Amend description of service code 99362 to reflect time as 60 minutes.

8. The following organizational/formatting changes have been made:
- Change Telemedicine column to reflect “available” instead of “not available”;
  - Remove category of service descriptions; category of service descriptions are available in the test of the Covered Behavioral Health Services Guide;
  - Add minimum/maximum age column;
  - Change “required modified” to “valid modifier”;
  - Add gender restriction column;
  - Add pre-HIPAA service codes;
  - Add valid bill types for revenue codes;
  - Add ancillary revenue codes;
  - Add effective begin and end date columns; and
  - Add non-registered client identification available column.

REPLACE APPENDIX B-2

Appendix B-4, DSM-IV and ICD-9 Crosswalk:

1. Remove Appendix B-4. The information formerly contained in this appendix is available in Provider Manual Attachment 7.5.4, Behavioral Health Services Diagnostic Code Table.

REMOVE APPENDIX B-4

Appendix B-5, Billing Limitations Matrix:

1. Remove non-registered client identification column. This information is now available in Appendix B-2, ADHS/DBHS Allowable Procedure Code Matrix.
2. Remove provision that service codes 90801, Psychiatric diagnostic interview examination; unit unspecified, and H0031, Mental Health Assessment – By Non-Physician, cannot be encountered/billed on the same day. In the event that these services are provided on the same day, the services must be encountered/billed by different providers.

REPLACE APPENDIX B-5

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For persons maintaining a hard copy of the ADHS/DBHS Covered Behavioral Health Services Guide:

**Summary of Replacement Appendices and Page Numbers**

Section	Replace
Covered Services Guide	Pages 9, 12, 16, 19-23, 25-27, 32-34, 39-40, 43-48, 73-80, 84, 86, 96, 104-106, 110-111
Appendix B-1	Remove Appendix
Appendix B-2	Entire Appendix
Appendix B-4	Remove Appendix
Appendix B-5	Entire Appendix